**APPLICATION FOR ALTERNATE EXAM**

**DATE, LOCATION, OR WRITING METHOD**

Royal Roads University - Faculty of Management

This application form is for requesting an alternate date, location, or writing method for your upcoming exam. If this request is due to illness/medical reasons, please complete a Medical Certificate for Deferred Exam Request form ONLY.

Alternate exam dates, locations, or writing methods are only granted in extenuating circumstances. Completed applications and supporting documentation can be dropped off at the Exams Office (Grant 135) or emailed to [exams@royalroads.ca](mailto:exams@royalroads.ca) . Applications may be escalated to your Program Manager for approval.

|  |  |
| --- | --- |
| **Date:** Click here to enter a date.  **Student Name:** Click here to enter text.  **Student #:** Click here to enter text. | **RRU Email:** Click here to enter text.  **Phone Number:** Click here to enter text.  **Program:** Choose an item. |

**Have you deferred this exam previously?** Yes  No

**Have you deferred previous exams before?** Yes  No  **If Yes, how many times?** Click here to enter text.

**A deferred exam/s, alternate location/s, or method/s of writing is requested for:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam Course #** (e.g. MGMT560) | **Exam Date** | **Final Exam or Midterm** | **Type of Alternate Request** |
| Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. |

|  |  |
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| **Reason** | **Supporting Documentation** |
| Bereavement | Obituary or Death Certificate |
| Other (please specify) : Click here to enter text. | Program Manger approval required. Documentation may be requested. |

If the chosen reason is Other, please include additional information on why you are unable to attend your exam as planned. Please include the **location you will be writing** **from**, and/or **writing method** you are requesting. If you are requesting to write on another date, please **suggest an alternate date** within 7 days of exam date: Click here to enter text.

**The exams office will follow up with you and approve all alternate dates.**

I have attached all supporting documentation.

|  |  |
| --- | --- |
| Office Use Only | |
| Approved  Denied | Notes: Click here to enter text. |
| Alternate Exam Date: Click here to enter a date. | Fees to be applied: Yes  No  If yes:  Rescheduling Fee  Cancellation Fee |
| Approved By: Click here to enter text. | Date: Click here to enter a date. |